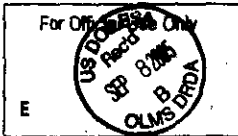


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>007723</u> <u>13567</u>	2. Fiscal Year Covered From: <u>12/31/04</u> <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>CHARLES J. JARTINI</u> P.O. Box, Bldg., Room No., if any Street <u>23 OLIVER ST.</u> City <u>CHEPACHET</u> State <u>RI</u> ZIP Code + 4 <u>02814</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION OF ELEVATOR</u> <u>CONSTRUCTORS</u> Labor Organization File Number <u>LOCAL 39 PROV.</u> P.O. Box, Building and Room Number, if any: <u>007723</u> Street <u>SAME ADDRESS AS</u> <u>MY HOME.</u> City State ZIP Code + 4
5. Position in labor organization <u>(INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS</u> <u>TEACHER) (FW. SECT. TREAS. IN I.U.E.C. LOCAL 39)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NATIONAL ELEVATOR INDUSTRY</u> <u>EDUCATIONAL PROGRAM</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>11 CARSON WAY</u> City <u>ATTLEBORO MA</u> State <u>MA</u> ZIP Code + 4 <u>02763</u>	7.a. Nature of Interest, Transaction, or Income. <u>REPORTED WAGES 11,150.⁰⁰</u> <u>9/22/04</u> 7.b. Amount <u>MILEAGE 48 MILES X .375 = 18.⁰⁰</u> <u>FOOD 13.⁰⁰ TOTAL 31.⁰⁰</u> <u>LODGING 9/21/04 - 9/24/04 TOTAL 544.⁰¹</u> <u>LODGING 9/25/04 - 9/28/04 TOTAL 457.¹³</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Charles Jartini</u>	On <u>8/23/05</u> <u>401-949-0751</u> Date Telephone Number